

JUL 08 2005

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/039,062
	Filing Date	December 31, 2001
	First Named Inventor	William R. Matz
	Art Unit	2153
	Examiner Name	Sean M. Reilly
	Attorney Docket Number	BS01376
Total Number of Pages in This Submission: 7		
ENCLOSURES		
(Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Payment Form
Remarks:		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Name (Print/Type)	Bambi Faivre Walters	Reg. No.: 45,197
Signature	<i>Bambi Faivre Walters</i>	
Date	July 8, 2005	

CERTIFICATE OF TRANSMISSION / MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Name (Print/Type)	Maureen M. Pettine	Date	July 8, 2005
Signature	<i>Maureen M. Pettine</i>		

JUL 08 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: William R. Matz Group Art Unit: 2153
Application No.: 10/039,062 Examiner: Sean M. Reilly
Filed: December 31, 2001
Title: "System and Method for Targeted Content Distribution Using Tagged Data Streams"

VIA FACSIMILE 703-872-9306

Attn: Examiner Unassigned

37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION

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Maureen M. Pettine

Name of Person Faxing This Paper

Maureen M. Pettine

Signature

July 8, 2005

Date of Transmission

INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached Forms PTO 1449 (pp. 1-5).

This Information Disclosure Statement is being submitted after the mailing of a first Office Action in this application and therefore, a certification fee is believed to be required (37 CFR § 1.97(b)(3)).

07/11/2005 BBONNER 00000034 10039062

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It is respectfully requested that the references listed on the attached forms be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,



Bambi F. Walters
Attorney for Applicants
Registration No. 45,197
P. O. Box 5743
Williamsburg, VA 23188
Telephone: 757.253.5729

Date: JULY 8, 2005

JUL 08 2005

**FEE TRANSMITTAL
for FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number	10/039,062
Filing Date	December 31, 2001
First Named Inventor	William R. Matz
Examiner Name	Sean M. Reilly
Art Unit	2153
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TOTAL AMOUNT OF PAYMENT**\$180.00****METHOD OF PAYMENT (check all that apply)**☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other☐ Deposit Account Deposit Account No. 19-2167

Deposit Account Name:

The Director is authorized to: (check all that apply)☒ Charge fee(s) indicated below☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☐ Charge fee(s) indicated below, except for the filing fee☒ Credit any overpayments**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES			SEARCH FEES			EXAMINATION FEES	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims

- 20 or HP =

Extra ClaimsFee (\$)

x

Fee Paid (\$)

=

Fee (\$)Small Entity Fee (\$)

50

25

200

100

360

180

Multiple Dependent ClaimsFee (\$)Fee Paid (\$)

HP=highest number of independent claims paid for, if greater than 3.

Indep. Claims

- 3 or HP =

Extra ClaimsFee (\$)

x

Fee Paid (\$)

=

HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

- 100 =

Extra Sheets

/ 50

(round up) x

Fee (\$)

=

Fee Paid (\$)

=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Supplemental IDS**\$180.00****SUBMITTED BY:****Complete (if applicable)**Name (Print/Type)

Bambi F. Walters

Registration No.

45,197

(Attorney/Agent)Telephone:

(757) 253-5729

Signature*B. F. Walters*Date

July 8, 2005

FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

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☐ Deposit Account

Deposit Account No. 19-2167

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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

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FEE CALCULATION

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2. EXCESS CLAIM FEES

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Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

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Multiple dependent claims

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Total Claims

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Fee Paid (\$)

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Indep. Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- 3 or HP =

x

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Total Sheets

Extra Sheets

Fee (\$)

Fee Paid (\$)

- 100 =

/ 50

(round up) x

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Supplemental IDS

Fee Paid (\$)

\$180.00

SUBMITTED BY:

Complete (if applicable)

Name (Print/Type)

Bambi F. Walters

Registration No.
(Attorney/Agent)

45,197

Telephone:

(757) 253-5729

Signature



Date

July 8, 2005

Please type a plus sign (+) inside this box +

PTO/SB/08A (CB-00)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Substitute for form 1449A/PTO

(use as many sheets as necessary)

Complete if Known

Application Number	10/039,062
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First Named Inventor	William R. Matz
Group Art Unit	2153
Examiner Name	Sean M. Reilly
Attorney Docket Number	BS01376

Sheet	1	of	1
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U.S. PATENT DOCUMENTS

[illegible]

**Examiner
Signature**

Date Considered

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² Applicant is to place a check mark here if English language Translation is attached.

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